Evaluation/Assessment Information

Child Name: _____

__Evaluation for Initial Eligibility __ Ongoing Assessment __ Re-Evaluation for
                                                    Continued Eligibility

Established Risk Condition and/or other health conditions:

E/R Diagnosis Code: _____

Other Diagnosis: _____, _____, _____

**Est. Risk Verification Date, if applicable: ____/____/_____ (mm/dd/yyyy)

Behavioral/Clinical Observation: _____

_____

_____

Verified by: _____

Recommendations and notes: _____

_____

_____

Vision:

Screening Date: ____/____/_____ (mm/dd/yyyy)

Screening Method: _____

_____

**Behavioral/Clinical Observation: _____

_____

_____

Screened by: _____

Recommendations and notes: _____

_____

_____

Hearing:

Verification Date: ____/____/_____ (mm/dd/yyyy) __Parent has hearing concerns? (If there
is parent concerns, refer to audiological
screen)

Screening Method: _____

_____

**Behavioral/Clinical Observation: _____

_____

_____

Screened by: _____

Recommendations and notes: _____

_____

_____

Developmental:

1. Motor:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

2. Cognitive:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

3. Communication:

(If there is a severe communication delay on norm referenced testing or speech delay greater then developmental skills, refer for audiological screen.)

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

4. Self Help (Adaptive):

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

5. Social Emotional:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

6. Specialty 1:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

7. Specialty 2:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

8. Specialty 3:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

9. Specialty 4:

**Evaluation/Assessment Completed Date: ____/____/_____ (mm/dd/yyyy)

Evaluation Instrument: _____ (see chart)

Assessment Method: _____

_____

Evaluator: _____

Behavioral/Clinical Observations: _____

_____

Standard Deviation Score: _____

Developmental Age: _____ (months)

Recommendations and Notes: _____

_____

_____

Note: If additional space is needed please attach a separate sheet for reference.

Evaluation Instrument

AEPS
Bayley
BDI
BDI-II
Brigance
CCITSN
CCPSN
CDI
Child Behavior Checklist
Connors Rating Scale
CSBS
DAYC
Denver II
DIAL-III
DOCS
Early Screening Profile
E-LAP
Goldman-Fristoe
HELP
High/Scope
IDA
Merrill Palmer
Mullen's Scales of Early Learning
NBAS
PDMS
Peabody Picture Vocabulary Scale-III
Pediatric Evaluation of Disability
Inventory
PLS
Preschool Care
REEL-II
Rossetti
SDA
SICD-R
TABS
The Ounce Scale
TIME
Trans Play-Based Assess
TSFI
Vineland ABS
Vineland SEEC

Other